

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

December 14, 2006

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Kwik Shop, 3939 'A' Street. Kwik Shop holder of liquor license B-18661 requests this liquor license be upgraded to a class D liquor license.

Mary Hoage will be the manager of this liquor license. Background information will be omitted as Ms. Hoage as she has been approved by the Council on this current liquor license.

This application must conform to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





Russ
Dave Heineman
 Governor

1-22-07

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER: 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

December 7, 2006

Lincoln City Clerk
 555 S. 10th Street
 Lincoln, NE 68508

RE: Application for Class D License for Kwik Shop, Inc. DBA Kwik Shop #642

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time no less than 7 days, and no more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (\$53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE PROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Katie Lanning
 Katie Lanning
 Licensing Division
 Enclosures

Rhonda R. Flower
 Commissioner

Bob Logsdon
 Chairman

R.L. (Dick) Coyne
 Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
 REV. 12/99

up grade
AG-134114

CLERK'S OFFICE
 8 AM 10 47
 DEC 7 2006
 CLERK OF LINCOLN
 NEBRASKA

Locals
Class D - 75168
K

Upgrading

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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NEBRASKA LIQUOR
CONTROL COMMISSION

OFFICE USE ONLY

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input checked="" type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | Bond |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits
(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 5,000 min. |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 5,000 min. |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 1,000 min. |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License, requires insert form 1 |
| <input type="checkbox"/> | Partnership License, requires insert form 2 |
| <input checked="" type="checkbox"/> | Corporate License, requires insert form 3a and manager application 3b |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: Rosalind (Roz) Sells

Phone: 391-1808

Firm Name: Kwik Shop, Inc.

Firm address: 8942 Blondo Street - Omaha, NE 68134

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes If yes, please explain below or attach a separate page.
☒ No

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CONTROL COMMISSION

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes
Current business name and license number
☒ No

Upgrading B-182661

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☐ Yes
☒ No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐

Yes

☒

No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐

Yes

☒

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Pinnacle Bank ---Depository only. Beer and Liquor deliveries will be paid with a money order at the time of delivery.

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

Please see attached Exhibit "D"

Note on Lease for #642
 1st term date = 03/14/2013
 Option (5) 5-year equals
 Term date of 03/14/2013

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.
- Mary Hoage / District Advisor
 On premise will be 5 plus hours a week. Constant supervision of developing and training Managers to pass on to all employees.
13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.
- 28 Years in the convenience store industry. Kwik Shop utilizes the "We Card Program" as a training guide for all new employees. Kwik Shop also utilizes an outside agency called "The Bars program" for compliance checks on all stores once a month.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.
- ☒ Lease: expiration date March 14, 2033
- ☐ Deed
- ☐ Purchase Agreement

15. When do you intend to open for business? Business is currently open and has a beer license.

16. What will be the main nature of business? What are the anticipated hours of operation?
- Convenience store with gas. 24 hours a day, 7 days a week.

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
Please see EXHIBIT "R"			

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

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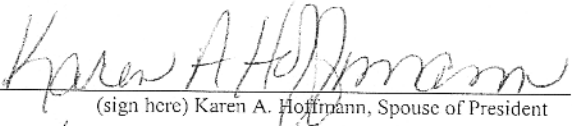

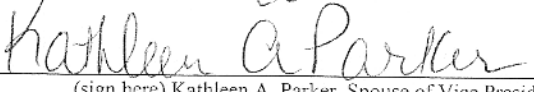
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CONTROL COMMISSION

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

 (sign here) Michael Hoffmann, President	 (sign here) Karen A. Hoffmann, Spouse of President
 (sign here) Jeffrey A. Parker, Sr. Vice President	 (sign here) Kathleen A. Parker, Spouse of Vice President
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)
_____ (sign here)	_____ (sign here)

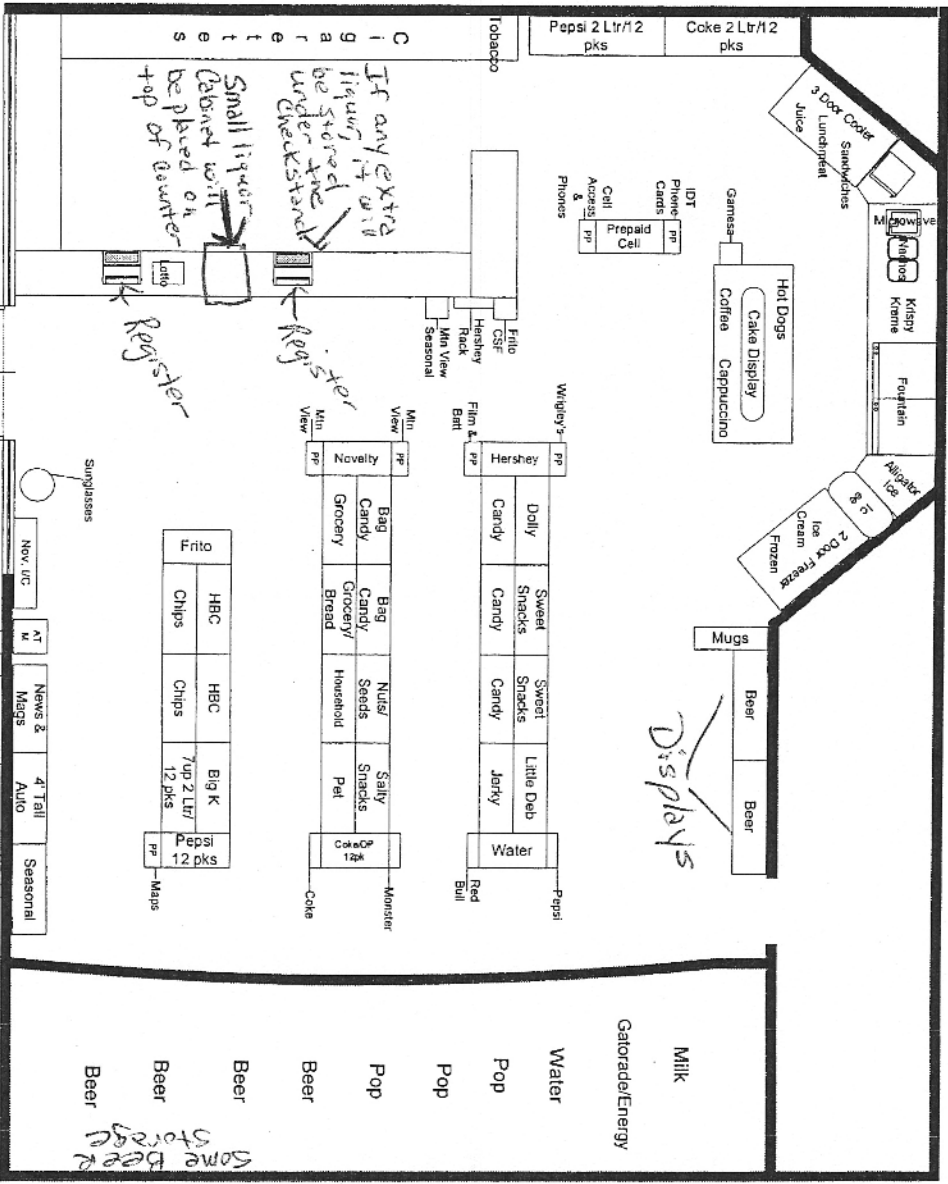
Subscribed in my presence and sworn to before me this

20th day of November, 2006


Notary Public Signature & Seal

NEBRASKA LIQUOR CONTROL COMMISSION
NOTARY PUBLIC
EXPIRES 12/31/07

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.



Store #642
3939 A Street
Lincoln, NE
2100 sq ft
2006B - 4/21/06

1 STORY BUILDING
ENTIRE BUILDING = 43'6" X 50'8" = 2208
RETAIL SPACE = 37' X 38' = 1406

**APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>

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**NEBRASKA LIQUOR
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Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

Kwik Shop, Inc. / DBA: Kwik Shop #642

Corporate Street Address: 8942 Blondo Street

City: Omaha State: NE Zip Code: 68134

Corporate Telephone Number 402-391-1808

Total number of shares issued (if corporation) 0

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #? _____

Name of Registered Agent CT Corporation

Name of Proposed Manager Mary Hoage

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Hoffmann First Name: Michael MI (n-m-n)

Address Street 2401 Hawthorne Lane City Hutchinson

State KS Zip Code 67502 Home Phone number 620-665-1464

Social Security Number Date of Birth

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Parker First Name Jeffery

Social Security Number Date of Birth

Title Senior Vice President Number of Shares 0

Spouse Name (indicate N/A if single) Kathleen Anne Parker

Spouse Social Security Number Date of Birth

Title N.A. Number of Shares 0

Last Name Kroger, Inc. - 100% Stock Holders / 1000 authorized shares First Name Kwik Shop's Federal ID #: 48-6112339

Social Security Number Date of Birth

Title Number of Shares

Spouse Name (indicate N/A if single)

Spouse Social Security Number Date of Birth

Title Number of Shares

Last Name First Name

Social Security Number Date of Birth

Title Number of Shares

Spouse Name (indicate N/A if single)

Spouse Social Security Number Date of Birth

Title Number of Shares

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Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes ☒ No

If yes, give name of corporation and supply organizational chart

NEBRASKA LIQUOR
CONTROL COMMISSION

Indicate tax year with the IRS

Starting Date 01/31/2006 Ending Date 01/31/2007

Michael Hoffmann

Signature of President/Managing Member

Michael Hoffmann, President

Gladine Gills

Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

20th day of November, 2006

Gladine Gills

Notary Public Signature & Seal

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4183
REV. 4/05

Kwik Shop #642

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Parker First Name Jeffery

Social Security Number _____ Date of Birth _____

Title Senior Vice President Number of Shares 0

Spouse Name (indicate N/A if single) Kathleen Anne Parker

Spouse Social Security Number _____ Date of Birth _____

Title N.A. Number of Shares 0

Last Name Kroger, Inc. - 100% Stock Holders / 1000 authorized shares First Name Kwik Shop's Federal ID #: 48-6112339

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name Hoffmann First Name Michael

Social Security Number _____ Date of Birth _____

Title President Number of Shares 0

Spouse Name (indicate N/A if single) Karen Ann Hoffmann

Spouse Social Security Number _____ Date of Birth _____

Title N.A. Number of Shares 0

**APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
*MUST BE A NEBRASKA RESIDENT***

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Kwik Shop Inc.

CLASS & LICENSE NUMBER Current #B18661 / Now applying for Class D License

TRADE NAME Kwik Shop #642

STREET ADDRESS 3939 A Street CITY Lincoln


SIGNATURE OF CORPORATION PRESIDENT/CEO Michael Hoffmann, President

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Mary Elizabeth Hoage

ADDRESS 11120 N 136th Plaza

CITY Waverly STATE NE ZIP CODE 68462

HOME PHONE NUMBER (402) 786-5804 BUSINESS PHONE NUMBER (402) 990-3751

SEX ☐ MALE ☒ FEMALE

SOCIAL SECURITY NUMBER 68-51 866-

DATE OF BIRTH 12-12-1961 PLACE OF BIRTH Lincoln, NE

DRIVERS LICENSE NUMBER & STATE Nebraska / 68-1166-5

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME Daniel Lee Hoage

SOCIAL SECURITY NUMBER 58-33368 DATE OF BIRTH 12-12-1961

DRIVERS LICENSE NUMBER & STATE Nebraska / 68-1166-5

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☒ YES ☐ NO *yes - please see attached Exhibit "M"*

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
Waverly, NE	1999	Present	Waverly, NE	1999	Present
Daviey, NE	1995	1999	Daviey, NE	1995	1999
Lincoln, NE	1960	1995	Lincoln, NE	1960	1995

EMPLOYERS - LIST LAST TWO EMPLOYERS

MONTH/YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
01/78		Kwik Shop, Inc.	Jimmy Lewis	(402) 391-1808
01/76	01/78	Bethany Pantry	Joe Price	4024668207

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NEBRASKA LIQUOR
CONTROL COMMISSION

**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Mary E Hoage

Signature of Applicant

Mary E. Hoage

Daniel L. Hoage

Signature of Spouse

Daniel L. Hoage

Subscribed in my presence and sworn to before me this 20th
day of November 2006

Subscribed in my presence and sworn to before me this 20th
day of November 2006

Pauline B. Sells

Notary Signature & Seal

Pauline B. Sells

Notary Signature & Seal

